



House of Representatives

General Assembly

File No. 109

January Session, 2011

Substitute House Bill No. 6481

House of Representatives, March 21, 2011

The Committee on Public Health reported through REP. RITTER, E. of the 38th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING THE ESTABLISHMENT OF A LUPUS EDUCATION AND AWARENESS PLAN.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective July 1, 2011*) (a) There is established
2 within the Department of Public Health an Interagency and
3 Partnership Advisory Panel on Lupus.

4 (b) The advisory panel shall consist of the following members:

5 (1) One appointed by the Governor, as recommended by the
6 Connecticut Advanced Practice Registered Nurse Society, who shall be
7 a nonphysician medical clinician with significant experience in treating
8 persons with lupus;

9 (2) Five appointed by the Commissioner of Public Health; one of
10 whom shall be a person with lupus recommended by the state chapter
11 of the Lupus Foundation of America; one of whom shall be a scientist
12 from a university based in the state who has experience in lupus and

13 who participates in various fields of scientific endeavor, including, but
14 not limited to, biomedical, social, translational, behavioral or
15 epidemiological research recommended by the Medical and Scientific
16 Advisory Council of the state chapter of the Lupus Foundation of
17 America; one of whom shall be a physician with significant experience
18 in treating persons with lupus recommended by the Connecticut
19 Medical Society; one of whom shall be a representative from the state
20 chapter of the Lupus Foundation of America; and one of whom shall
21 be a state resident representing the Lupus Research Institute;

22 (3) The chairpersons of the joint standing committee of the General
23 Assembly having cognizance of matters relating to public health or the
24 chairpersons' designees;

25 (4) The ranking members of the joint standing committee of the
26 General Assembly having cognizance of matters relating to public
27 health or the ranking members' designees;

28 (5) One appointed by the executive director of the Permanent
29 Commission on the Status of Women;

30 (6) One appointed by the executive director of the African-American
31 Affairs Commission; and

32 (7) One appointed by the executive director of the Latino and Puerto
33 Rican Affairs Commission.

34 (c) All appointments to the advisory panel shall be made not later
35 than thirty days after the effective date of this section. Panel members
36 shall serve two-year terms. Any person appointed to be a panel
37 member shall serve not more than two full terms. Any vacancy shall be
38 filled by the appointing authority.

39 (d) The Commissioner of Public Health shall select the chairperson
40 of the advisory panel from among the members of the panel. Such
41 chairperson shall schedule the first meeting of the task force, which
42 shall be held not later than sixty days after the effective date of this
43 section. The panel shall meet quarterly and at other times upon the call

44 of the chair or upon the majority request of panel members.

45 (e) Seven members of the panel shall constitute a quorum. A
46 majority vote of a quorum shall be required for any official action of
47 the panel.

48 (f) The administrative staff of the joint standing committee of the
49 General Assembly having cognizance of matters relating to public
50 health shall serve as administrative staff of the advisory panel.

51 Sec. 2. (NEW) (*Effective July 1, 2011*) (a) The Interagency and
52 Partnership Advisory Panel established pursuant to section 1 of this
53 act shall: (1) Analyze the current state of education on lupus in the
54 state, (2) evaluate materials and resources currently available from
55 government agencies, hospitals and lupus advocacy organizations, and
56 (3) identify gaps in the current lupus education modalities in the state
57 through a needs assessment or similar mechanism.

58 (b) Upon completing the needs assessment described in subsection
59 (a) of this section, the advisory panel shall report, in accordance with
60 the provisions of section 11-4a of the general statutes, on the results of
61 its assessment to the joint standing committee of the General Assembly
62 having cognizance of matters relating to public health and to the
63 Department of Public Health. Utilizing the results of such assessment,
64 and with input from the joint standing committee of the General
65 Assembly having cognizance of matters relating to public health and
66 the Department of Public Health, the advisory panel shall develop and
67 implement a comprehensive lupus education and awareness plan.

68 (c) The Interagency and Partnership Advisory Panel shall develop
69 and implement a comprehensive plan to improve education and
70 awareness surrounding lupus for health care practitioners, public
71 health personnel, patients and persons who may have lupus. The plan
72 shall include the recommendations on how to best:

73 (1) Distribute medically sound health information on lupus that is
74 endorsed by government agencies, that include, but are not limited to,

75 the National Institutes of Health, the Centers for Disease Control and
76 Prevention and the Social Security Administration, through local
77 health departments, schools, agencies on aging, employer wellness
78 programs, physicians and other health professionals, hospitals, health
79 plans and health maintenance organizations, women's health groups
80 and nonprofit and community-based organizations;

81 (2) Utilize volunteers in the community to distribute brochures and
82 other materials that promote lupus education and awareness;

83 (3) Develop educational materials for health professionals that
84 identify the most recent scientific and medical information and clinical
85 applications regarding the treatment of lupus;

86 (4) Work to increase knowledge among physicians, nurses and
87 health and human services professionals about the importance of
88 lupus diagnosis, treatment, and rehabilitation;

89 (5) Support continuing medical education programs in the state's
90 leading academic institutions by ensuring that such institutions are
91 provided the most recent scientific and medical information and
92 clinical applications regarding the treatment of lupus;

93 (6) Conduct state-wide workshops and seminars for extensive
94 professional development regarding the care and management of
95 patients with lupus in an effort to bring the latest information on
96 clinical advances to health care providers; and

97 (7) Maintain and develop a directory of lupus-related health care
98 services, that includes a listing of health care providers with
99 specialization in the diagnosis and treatment of lupus and that can be
100 disseminated, within available appropriations, by the Department of
101 Public Health to individuals with lupus, family members of those with
102 lupus, representatives from voluntary organizations, health care
103 professionals, health plans, local health agencies and authorities and to
104 other agencies of the state.

105 (d) The Interagency and Partnership Advisory Panel shall present

106 the initial plan to the Department of Public Health and the joint
107 standing committee of the General Assembly having cognizance of
108 matters relating to public health on or before October 1, 2012. The
109 advisory panel may make periodic revisions to the plan that are
110 consistent with the purposes of this section.

111 Sec. 3. (NEW) (*Effective July 1, 2011*) The Department of Public
112 Health may, within available appropriations, provide assistance to the
113 Interagency and Partnership Advisory Panel established pursuant to
114 section 1 of this act, in carrying out its functions. Such assistance may
115 include, but shall not be limited to, the dissemination of educational
116 materials to state health care providers serving minority populations.
117 The Commissioner of Public Health may accept funds from any source
118 to implement the provisions of sections 1 to 3, inclusive, of this act. The
119 commissioner shall take such actions as the commissioner deems
120 necessary to maximize federal funding to implement the provisions of
121 sections 1 to 3, inclusive, of this act.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2011</i>	New section
Sec. 2	<i>July 1, 2011</i>	New section
Sec. 3	<i>July 1, 2011</i>	New section

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 12 \$	FY 13 \$
Public Health, Dept.	GF - Potential Cost	up to 500	up to 500
Legislative Mgmt.	GF - Potential Cost	less than 5,000	less than 5,000

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill results in a potential cost to the Department of Public Health (DPH) for printing and mailing a lupus-related health care services directory, and educational materials, to various individuals, health plans, agencies, and authorities. The bill specifies that the agency implement the provision of the bill within available appropriations. However, if this provision of the bill were to be implemented the cost to DPH would be \$500 in FY 12 and FY 13.

The bill also creates an Interagency and Partnership Advisory Panel on Lupus ("the Panel") to, among other requirements, complete a needs assessment of existing lupus-related educational materials, develop and implement a comprehensive lupus education and awareness plan, and conduct state-wide lupus workshops and seminars. The chairpersons and ranking members of the Public Health Committee (or their designees) shall be members of this panel and other legislators may be appointed. The Office of Legislative Management would incur minimal costs, estimated to be less than \$5,000, associated with mileage reimbursement of 51 cents per mile for legislators (who seek reimbursement) participating on the Panel.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**sHB 6481*****AN ACT CONCERNING THE ESTABLISHMENT OF A LUPUS EDUCATION AND AWARENESS PLAN.*****SUMMARY:**

This bill establishes, within the Department of Public Health (DPH), an Interagency and Partnership Advisory Panel on lupus. Lupus is a chronic inflammatory disease that occurs when the body's immune system attacks its own tissues and organs. Inflammation caused by lupus can affect many different body systems, including the joints, skin, kidneys, blood cells, heart, and lungs.

The governor, DPH commissioner, and certain legislative commissions appoint advisory panel members. The chairs and ranking members of the Public Health committee (or their designees) are also panel members.

The panel must develop and implement a comprehensive lupus education and awareness plan after evaluating and analyzing existing educational materials and resources.

EFFECTIVE DATE: July 1, 2011

INTERAGENCY AND PARTNERSHIP ADVISORY PANEL***Members***

The 13-member advisory panel consists of:

1. a nonphysician medical clinician with significant experience treating lupus recommended by the Connecticut Advanced Practice Registered Nurse Society, and appointed by the governor;

2. five people appointed by the DPH commissioner: one with lupus, recommended by the state chapter of the Lupus Foundation of America; a scientist from a Connecticut university with experience in lupus who participates in various scientific fields, including biomedical, social, translational, behavioral, or epidemiological research recommended by the Medical and Scientific Advisory Council of the state chapter of the Lupus Foundation; a physician with significant experience treating lupus, recommended by the Connecticut Medical Society; a representative from the state chapter of the Lupus Foundation; and a state resident representing the Lupus Research Institute;
3. the Public Health Committee chairpersons and ranking members, or their designees; and
4. one person each appointed by the executive directors of the Permanent Commission on the Status of Women, the African-American Affairs Commission, and the Latino and Puerto Rican Affairs Commission.

The appointing authorities must make their appointments by July 31, 2011 and fill any vacancies. Members can serve two two-year terms. The Public Health commissioner selects the chairperson from among the members.

The panel must meet quarterly and at any other time the chair or a majority of the members requests a meeting. The chairperson must schedule the first meeting by August 30, 2011. Seven members constitute a quorum and a majority vote of the quorum is needed for any official action. The Public Health Committee's administrative staff serves as the panel's administrative staff.

Needs Assessment and Comprehensive Plan

The panel must (1) analyze the current state of education on lupus in Connecticut; (2) evaluate materials and resources currently available from government agencies, hospitals, and lupus advocacy organizations; and (3) conduct a needs assessment or similar

mechanism to identify gaps in current lupus education modalities in the state.

Once the needs assessment is completed, the advisory panel must report its results in writing to the Public Health Committee and DPH. The panel must then develop and implement, with input from the committee and DPH, a comprehensive lupus education and awareness plan to improve education and awareness of lupus for health care providers, public health personnel, patients, and people who may have lupus.

The plan must include recommendations on how to best:

1. distribute medically sound, government-endorsed, lupus health information through local health departments, schools, agencies on aging, employer wellness programs, physicians and other health professionals, hospitals, health plans and health maintenance organizations, women's health groups, and nonprofit and community-based organizations;
2. use community volunteers to distribute promotional brochures and other materials on lupus education and awareness;
3. develop educational materials for health professionals that identify the most recent scientific and medical information and clinical applications regarding lupus treatment;
4. work to increase knowledge among physicians, nurses and health and human services professionals about the importance of lupus diagnosis, treatment, and rehabilitation;
5. support continuing medical education programs in the state's leading academic institutions by ensuring that such institutions are provided the most recent scientific and medical information and clinical applications regarding lupus treatment;
6. conduct state wide workshops and seminars for extensive professional development on the care and management of lupus

patients to bring the latest information on clinical advances to health care providers; and

7. maintain and develop a directory of lupus-related health care services, including a list of specialists in lupus diagnosis and treatment that DPH can distribute, within available appropriations, to individuals with lupus and their families, representatives from voluntary organizations, health care professionals, health plans, local health agencies and authorities, and other state agencies.

The advisory panel must submit the initial plan to DPH and the Public Health Committee by October 1, 2012 and may make periodic revisions to it.

DPH Assistance

Under the bill, DPH, within available appropriations, can help the panel. This help may include distributing educational materials to state health care providers serving minority populations. DPH may accept funds from any source to implement the bill's provisions and must take any necessary actions to maximize federal funding.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 25 Nay 0 (03/07/2011)